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Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

Drug Utilization Review Board Meeting Agenda, Open Session July 8, 2020 10:00 a.m. – 2:00 p.m.

Meeting Location*

*Due to COVID-19, this meeting will be held virtually. Please use the information below to join the meeting: Public Dial: (833) 649-1465. Conference ID: 5062278. To view the meeting, use the following WebEx link: https://intercall.webex.com/intercall/j.php?MTID=ma5bb26d38ffde5d7873426fdd8e3d0da

Please note: Audio is disabled on the WebEx. Audio will only be available on the Public Dial.

Members of the general public are required to complete a conflict of interest form if they intend to provide public comments to the Board. To assist the operator in coordinating public comment, completed forms are due 1 week prior to the meeting (July 1, 2020). Please email the completed form to Annette.Grant@ks.gov.

Board Members

Moneeshindra Mittal, MD

James Backes, PharmD

Jennifer Clair, MD

Katie Burenheide Foster, PharmD, MS, BCPS, FCCM

Kristen Powell, PharmD

Serena Stutzman, APRN
Roger Unruh, DO
LaTonyua Rice, PharmD, CGP
Arthur Snow, MD

KDHE-DHCF Staff

Annette Grant, RPh Victor Nguyen, PharmD

DXC Technology/KEPRO Staff

Karen Kluczykowski, RPh
Kathy Kaesewurm, RN, BSN
Ariane Casey, PharmD
Harry Vu, PharmD

MCO Staff

Alan Carter, PharmD, **Aetna Better Health of Kansas** Angie Yoo, PharmD, **Sunflower State Health Plan** Jan Mueller, RPh, **UnitedHealthcare Community Plan**

I. CALL TO ORDER

A. Announcements

1. This meeting will be operator-assisted. An opportunity for public comment was given at the top of the agenda.

II. OLD BUSINESS

A. Review and Approval of January 8, 2020 Meeting Minutes

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III. NEW BUSINESS

A. New Preferred Drug List (PDL) Classes

1. Acne Agents - Isotretinoin Products

At the March 2020 PDL meeting, the committee approved the addition of Acne Agents - Isotretinoin Products to the PDL. Standard non-preferred prior authorization criteria are being proposed for this new class to allow access to non-preferred agents.

- i. Non-Preferred PDL PA Criteria
- ii. *Public Comment
- iii. Board Discussion

2. Colchicine Products - Gout Prophylaxis

At the March 2020 PDL meeting, the committee approved the addition of Colchicine Products - Gout Prophylaxis to the PDL. Standard non-preferred prior authorization criteria are being proposed for this new class to allow access to non-preferred agents.

- i. Non-Preferred PDL PA Criteria
- ii. *Public Comment
- iii. Board Discussion

3. SGLT2 Inhibitor/DPP-4 Inhibitor/Biguanide

At the March 2020 PDL meeting, the committee approved the addition of SGLT2 Inhibitor/DPP-4 Inhibitor/Biguanide to the PDL. Standard non-preferred prior authorization criteria are being proposed for this new class to allow access to non-preferred agents.

- i. Non-Preferred PDL PA Criteria
- ii. *Public Comment
- iii. Board Discussion

4. Consent Agenda - Biosimilars

At the March 2020 PDL meeting, the committee approved to further expand the PDL Consent Agenda Criteria. Biosimilars having the same FDA-approved indication as the reference drug may be added using this process.

- i. Non-Preferred PDL PA Criteria
- ii. *Public Comment
- iii. Board Discussion

B. Mental Health Medication Advisory Committee (MHMAC)

1. Antidepressant Medications - Safe Use for All Ages

At the February 2020 MHMAC meeting, the committee revised the criteria for use of Antidepressant Medications – Safe Use for All Ages prior authorization (PA), to include Spravato® and include the PHQ-9 depression rating scale.

- i. Prior Authorization Criteria
- ii. *Public Comment
- iii. Board Discussion

2. Antidepressant Medications – Safe Use for All Ages

At the May 2020 MHMAC meeting, the committee further revised the criteria for use of Antidepressant Medications – Safe Use for All Ages PA to include a dosing table.

- i. Prior Authorization Criteria
- ii. *Public Comment
- iii. Board Discussion

3. Antipsychotic Medications - Safe Use for All Ages

At the February 2020 MHMAC meeting, the committee revised the criteria for use of Antipsychotic Medications – Safe Use for All Ages PA to include Secuado® and Caplyta®. Step therapy was also revised.

- i. Prior Authorization Criteria
- ii. *Public Comment
- iii. Board Discussion

4. ADHD Medications – Safe Use for All Ages

At the May 2020 MHMAC meeting, the committee revised the criteria for use of ADHD Medications – Safe Use for All Ages PA to include Adhansia XR™.

- i. Prior Authorization Criteria
- ii. *Public Comment
- iii. Board Discussion

5. RDUR Criteria – Further Review

At the May 2020 MHMAC meeting, the committee approved Retrospective Drug Utilization Review criteria for mental health medications. Patients taking multiple concurrent mental health medications will be reviewed on a regular basis. These criteria indicate the need for further review with a plan psychiatrist.

- i. Prior Authorization Criteria
- ii. *Public Comment
- iii. Board Discussion

C. Prioritized Agenda Items

1. Migraine – Prophylaxis Agents – New PA Criteria

These criteria will combine and supersede the criteria for Botulinum Toxins, the CGRP Antagonists, and the Topiramate ER criteria for agents used for the prophylaxis of migraines. The prior authorization criteria are being proposed to ensure appropriate use based upon the FDA-approved labeling information, clinical guidelines, and step therapy.

- i. Prior Authorization Criteria
- ii. *Public Comment
- iii. Board Discussion

2. Botulinum Toxins - Revised PA Criteria

This revision modifies PA criteria to carve out the migraine indications. A separate PA criteria for migraine prophylaxis will be created. Indication updates were made to Botox®, Myobloc®, and Myobloc®.

- i. Revised PA Criteria
- ii. *Public Comment
- iii. Board Discussion

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3. Migraine – Acute Treatment Agents – New Criteria

Multiple new agents now exist for the acute treatment of migraines. The prior authorization criteria are being proposed to ensure appropriate use based upon the FDA-approved labeling information, clinical guidelines, and step therapy.

- i. Prior Authorization Criteria
- ii. *Public Comment
- iii. Board Discussion

4. Type 2 Diabetes Mellitus (T2DM) Agents – Revised PA Criteria

This revision modifies PA criteria to combine and supersede the Metformin ER and Diabetic Agents criteria and update to the new PA format. The prior authorization criteria are being proposed to ensure appropriate use based upon the FDA-approved labeling information and clinical guidelines.

- i. Revised PA Criteria
- ii. *Public Comment
- iii. Board Discussion

5. Opioid Products Indicated for Pain Management – Revised Criteria

This revision modifies PA criteria to clarify that active pharmaceutical ingredients (APIs) are not managed on this PA criteria. This also clarifies that the considerations for MME calculations generally exclude injectables and cough/cold products that contain opioids, similar to the CDC's inclusion and exclusion criteria.

- i. Revised PA Criteria
- ii. *Public Comment
- iii. Board Discussion

6. Duchenne Muscular Dystrophy (DMD) Agents – New Criteria

These criteria will combine and supersede the Emflaza® and Exondys 51® criteria for agents used for the treatment of Duchenne muscular dystrophy. These prior authorization criteria include step therapy, adds Vyondys 53™, and are being proposed to ensure appropriate use based upon the FDA-approved labeling information and clinical guidelines.

- i. Prior Authorization Criteria
- ii. *Public Comment
- iii. Board Discussion

7. Advanced Medical Hold Manual Review (AMHMR)

This revision is to update the drug selection group in the Manual Guidelines section.

- i. *Public Comment
- ii. Board Discussion

8. Fee-for-Service Retrospective Drug Utilization Review Topic Selections

The DUR Board will select topics, for the two (2) FFS RDUR interventions between July and September 2020.

- i. Topic Presentations
- ii. Board Discussion

D. Additional Agenda Items (as time allows)

1. Minimum Requirements Prior Authorization – Updated Drug List

This revision adds the following agents: Arikayce®, Epidiolex®, Onfi®, Sympazan™, Neudexta®, Viberzi™, Increlex®, Ofev®, Osphena®, Esbriet®, Banzel®, Vesicare LS™, Diacomit®, and Xermelo™

- i. Revised PA Criteria
- ii. *Public Comment
- iii. Board Discussion

2. Atopic Dermatitis (AD) Agents – Revised Criteria

This revision modifies PA criteria to clarify the use of conventional agents and to update indications for Eucrisa® and Dupixent®.

- i. Revised PA Criteria
- ii. *Public Comment
- iii. Board Discussion

3. Codeine Products in Children

Request for an age limitation edit at the point-of-sale for codeine products used in children.

- i. *Public Comment
- ii. Board Discussion

4. Ulcerative Colitis (UC) Agents – Revised Criteria

This revision modifies PA criteria to adjust step therapy for Xeljanz® XR, add Stelara®, and to add the biosimilars Abrilada™ and Avsola™.

- i. Revised PA Criteria
- ii. *Public Comment
- iii. Board Discussion

5. Plaque Psoriasis (PsO) Agents – Revised Criteria

This revision modifies PA criteria to update changes to Taltz™ indication and add biosimilars Hadlima™, Abrilada™, and Avsola™.

- i. Prior Authorization Criteria
- ii. *Public Comment
- iii. Board Discussion

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6. **Hepatitis C Agents –** Revised Criteria

This revision modifies PA criteria to update changes to Epclusa® indication, clarify treatment experience for Sovaldi® and Harvoni®, and add NS5A testing for Zepatier®.

- i. Revised PA Criteria
- ii. *Public Comment
- iii. Board Discussion

7. Multiple Sclerosis (MS) Agents – Revised Criteria

This revision modifies PA criteria to update changes to Glatopa® dosing, and add two additional FDA-approved agents, Bafiertam® and Zeposia®.

- i. Revised PA Criteria
- ii. *Public Comment
- iii. Board Discussion

IV. OPEN PUBLIC COMMENT

V. ADJOURN

The next DUR Board meeting is scheduled for October 14, 2020.

^{*}Public comment is limited to five minutes per product; additional time will be allowed at the DUR Board's discretion. Informal comments will be accepted from members of the audience at various points in the agenda.